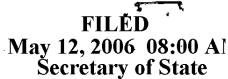
2006 FOR PROFIT CORPORATION ANNUAL REPORT



	ANNOAL	REPURI		4.	May 12, 20	006-08:00
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Principal Plac	e of Business	Mailing Address	·	1		
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C	OO NOT WRITE	IN THIS SPA	CE	05082006 4. FEI Numb 59-298 5. Certificate	per 39223 a of Status Desired	4 (11/05) Applied For Not Applicable 88.75 Additional ce Required
		d		Ce riequieu		
	6. Name and Address of Current R					,
612 HEDG	STER, MICHAEL BECOCK SQUARE E BEACH, FL 32937		. –	NOT WRITE THIS SPACE	~;*)	
8 The ahove	named entity submits this statement for	the number of changing its register	ed office or register	red agent, or bo	oth, in the State of Florida. I am te	miliar with and accept
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.						
SIGNATURE_		TELEVIER POLICE		<u> </u>	0.75	·
	Signature, typed or printed name of registered agent an	o tite ii applicable (NOTE Hegisters	ranupas audangs megA be	2 Word Temptating)	DATE	<u> </u>
	LE NOW!!! FEE IS \$150.00 ue by September 6, 2006	Election Campaign Fina Trust Fund Contribution.		.00 May Be led to Fees	In accordance with s. 607. corporation did not receive	193(2)(b), F.S., the the prior notice.
10.	OFFICERS AND D	HRECTORS				
TITLE	PST					,
NAME	MANCHESTER, MICHAEL C				• • •	, , ,
STREET ADDRESS	P.O. BOX 500068					
CITY-ST-ZIP	MALABAR, FL 32950					
TITLE					U00000564464 05/20/06-80064	į į
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CITY-ST-ZIP			1			
	eartify that the information appolised with	his filling close not audit for the av	emotions contains:	d in Chanter 41	O Florida Statutes I further confi	y that the information
indicated	certify that the information supplied with t i on this report or supplemental report is t	rue and accurate and that my signs	dure shall have the	same legal elle	ct as if made under oath; that I ar	u eu officer or quector
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate my that my signature shall have the same legal affect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other the empowered.						
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SIGNAT	URE: 1/40/Out 1/4	MCKOUN / 110ha	CII Wro	WEILL	2/10 24-1	W-7/07
~.~!!!!!	SIGNATURE AND TYPED OR PR	INTED NAME OF SIGNING OFFICER OR DIREC	TOR		/Cate Do	/lime Phone ≢